STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES WILDERNESS SCHOOL

PHYSICIAN'S MEDICAL EXAMINATION FORM

I. Background for Physician:

The Wilderness School conducts physically demanding courses of up to 20 days in length. Students participate in back country expeditions that include hiking, canoeing, rock climbing, a high ropes course, an 8.5-mile marathon run and a solo experience. Expeditions occur in remote areas and in all types of weather. Students sleep in tarps inside sleeping bags for the entire course. Students' carry a thirty to fifty pound backpack on average of eight miles per day and for extended periods of time. The student must be emotionally as well as physically prepared for the rigorous demands of the course.

The Wilderness School provides ample and nutritious meals prepared by the students. Special dietary requirements cannot always be met. The use of tobacco, alcohol, and illicit drugs are prohibited. While the course is stressful, it is expected that any person with normal physical and mental abilities can complete the program successfully.

Wilderness School requires a physician's medical examination within one year of the student's 20-Day, 5-Day or Alumni Expedition. This form must be completed and submitted to the Wilderness School's Intake and Orientation Services a minimum of three business days prior to the student's course starting date.

II. Applicant Information

Name of Applicant					
1. Applicant's Date of Bi	irth		Gener	al Appearance_	
	month	day	year	-	
2. Height			Weight	BP	P
3. General Health and N	utrition:				
Skin:				Urinalysis:	
Lymph nodes:				Hemoglobin:	
Eyes:	Ear	rs:		Nose:	
Neck:				Thyroid:	
Thorax and Lungs:				Peripheral Vessels:	
Heart:					
Abdomen:					
Extremities:				Scars:	
Feet:				Ankles:	
Back:				Genitalia:	
CNS:					

4. IIIIIIIuiiiza	tions and Tests (be safe to list history of varicena).
A. Has the	e applicant had DPT series?
B. The fol	lowing immunizations are required. Please indicate dates. BOOSTER SHOTS MUST BE UP TO DATE.
TETA	NUSPOLIO
5. Does the a	applicant's history indicate a need for PPD skin test? 🗌 yes 🔲 no. If yes, indicate the date of most recent PPD and results.
6. Is the appl	icant <u>allergic</u> to any <u>medicine</u> (e.g. penicillin, aspirin, sulfa, etc.)?
7. Is the appl	icant allergic to any food, bee stings, insect bites, etc.?
8. Is the appl	icant currently being treated for Asthma? ues no If yes, please describe the severity, indicate triggers and treatment.
9. Medicatio	ns: All prescription and non-prescription medications remain under the direct supervision of Wilderness School Instructors.
a. Is the app each medicat	licant receiving any prescription or non-prescription medication?
	ent appropriate for self-administration of any prescription or non-prescription medication to be received when participating in ss School program (with the exception of epinephrine administered by Wilderness School staff via Epi-Pen): yes no.
If yes, please	indicate that the applicant is properly trained in self administration of medications: \square yes \square no.
	basis of your physical examination of the applicant and the applicant's medical history, do you feel this individual car the Wilderness School program? yes no
11. Do you f	eel that further examination by a specialist is indicated? yes no If yes, what kind of specialist?
	emember to review and sign the enclosed Doctor's Orders for Prescription Medication and OTC standing orders for t (signatures required on p. 2, 3 and 4).
Signature of I	Examining Physician Date Printed Name Of Examining Physician
	Address
	City
	State, ZIP
	Business Telephone
	Fav

Please stamp or print information

III. Doctor's Orders: Prescription Medications

A. Prescription Medications Policy:

All prescription medications must be accompanied by a written Doctor's order on the Physician's Medical Examination form. Students must be considered appropriate for self-administration of medications and must have Doctor's approval for this.

All medications must arrive at the Wilderness School in original prescription containers and have a current prescription label attached.

Applicants who have begun or discontinued psychiatric medication are required to wait at least twenty-one (21) days prior to participation in the 20-Day, 5-Day or Alumni Expedition unless Doctor's orders indicate otherwise.

Students who require medication needing refrigeration or delivery via a nebulizer are restricted from attending any Wilderness School course where activities may occur in a remote (non-electric) setting. Restrictions also include any specialized equipment that requires waterproof packaging or which may not reasonably be carried in a backpack without risk of damage.

B. Doctor's Orders Prescription Medications: Please indicate all prescription medications for which the applicant is approved to receive under Doctor's Orders. All prescription medications are to remain under the supervision of Wilderness School Instructors, with the exception of Epi-Pen injectors, which may be administered by program staff as per Doctor's Orders. Applicants with diagnoses of asthma are required to bring all prescribed inhalers as well as one unused back-up inhaler for each prescription.

Please indicate below: Name of medication; dosage and frequency; route; known side effects and/or contraindications; appropriate start and stop times, with any special instructions or considerations; the reason the applicant needs to take the medication; and whether the medication is a controlled medication or not.

Medication	Dosage and Frequency	Route	Side effects / contraindications	Start & Stop/Special Considerations	Reason for medication	Controlled Medication
						☐ yes ☐ no
						☐ yes ☐ no
						☐ yes ☐ no
						☐ yes ☐ no
						☐ yes ☐ no

C. Doctor's Standing Orders for Epinephrine: The DCF Medical Doctor or designee provides standing orders for Wilderness School Staff to use Epinephrine in life threatening emergency situations in a wilderness setting. The staff have been trained in emergency use and administration.

Medication	Dosage and Frequency	Route	Side effects / contraindications	Start & Stop/Special	Reason for medication	Approved Please Check
				Considerations		
Epinephrine (Epi-Pen, 0.3 mg)	PRN in Medical	Injection (Subcutaneous)			Life threatening emergency in a	
	Emergency				wilderness setting	

Signature of Examining Physician	Date	

<u>IV. Doctor's Standing Orders: Non-Prescription Medications:</u> Please indicate all non-prescription medications for which the applicant is approved to receive under Doctor's Standing Orders. All non-prescription medications are to be self-administered and to remain under the supervision of Wilderness School Instructors.

All non-prescription medications, including vitamin supplements and homeopathic treatments, as designated by DCF Medications Administration policy (see below) that accompany the student from home or residence to the course must be accompanied by a written <u>Doctor's Order</u> on the Physician's Medical Examination Form. Medications must arrive at the Wilderness School in <u>original purchased containers</u> and have <u>intact</u>, <u>complete labeling for ingredients, directions</u>, and <u>precautions</u>. Students must be considered appropriate for <u>self-administration of medications</u> and must have <u>Doctor's approval</u> for this.

Both non-prescription medications requiring Doctor's Orders and not requiring Doctor's Orders must have prior approval made on the Consent and Waiver Form by a parent or legal guardian.

Please indicate below: Name of medication; dosage and frequency; route; known side effects and/or contraindications; appropriate start and stop times, with any special instructions or considerations; and the reason the applicant needs to take the medication.

Medication	Dosage and Frequency as per manufacturer's direction. Please specify otherwise	Route	Indication (reason for medication)	Start & Stop; Special Considerations	Side Effects Contraindications	Approved Please Check
Ibuprofen, 200 mg tablet	specify otherwise	Oral				
Acetaminophen, 325 mg tablet		Oral				
Stool Softener, 100 mg, Docusate Sodium		Oral				
Anti-Diarrheal, 2 mg tablet, Loperamide Hydrochloride		Oral				
Antiseptic Throat Lozenges		Oral				
Antacid contains Aluminum Hydroxide (160 mg) and Magnesium Carbonate (105 mg),		Oral				
Antihistamine, Diphenhydramine HCL, 25 mg caplet		Oral				
Other (please list)						

Additional non-prescription medications that will be carried by Wilderness School staff in program first aids kits and <u>do not</u> require individual standing orders include the following topical medications:

individual standing orders include the following topic	cal medications:	
Antifungal Cream (Clotrimazole Cream USP1%) Hydrocortisone Acetate Cream 1% Hydrogen Peroxide 3% USP Povodine Iodine, 10% USP	Poison Ivy Ointment (Ivy Dry or equivalent) Triple Antibiotic Ointment Sunscreen Lotion Insect Repellent (contains DEET), Stick and Spray	Alcohol Prep Pad Polar Pure, iodine crystal water purification system Iodine Tincture, 2% USP for water purification
Signature of Examining Physician	Date	